

Vermont Council of Developmental and Mental Health Services
NEEDS ASSESSMENT

Name:

D.O.B.:

Recorder (name & title):

Date:

Informant(s) (name(s) & relationship to consumer):

Supports requested:

- Housing & Home Supports:** Supports related to current or needed living arrangements.
- Community Supports:** Supports related to being an included and contributing member of the community such as volunteer, recreational, and self-advocacy activities, board member responsibilities, establishing/maintaining friendships.
- Work Supports:** Supports related to obtaining or maintaining employment.
- Service Planning & Coordination:** Supports related to coordination and monitoring of services.
- Respite Care:** Supports to give breaks to caregivers in order to maintain living situation/placement.
- Crisis Supports:** Supports that aid in the prevention of crisis and that assist people in crisis situations.
- Clinical Interventions:** Supports needed to meet therapeutic needs such as individual and group therapy, occupational therapy, physical therapy, speech and language therapy, consultation, psychiatric, and team training.
- Transportation:** Specialized transportation:
- Other:** Please specify:

NEEDS ASSESSMENT

COMMUNICATION: Level of support needed to express wants and needs and to understand ideas from others (e.g., verbal prompts, cueing, communication devices, gesture dictionaries, sign language, interpreters).

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Some support

Moderate. Ongoing support and/or uses alternative means of communication and/or requires interpreter

Significant. Uses maximum level of support to understand communication or be understood

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|---------------|--|---------------------------------------|
| At Home: | Select Level | Select Level |
| At Work: | Select Level | Select Level |
| In Community: | Select Level | Select Level |

NEEDS ASSESSMENT

SELF-CARE: Level of support needed to complete self-care tasks such as bathing, dressing, toileting, eating, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|---------------|---------------------------------|--------------------------------|
| At Home: | Select Level | Select Level |
| At Work: | Select Level | Select Level |
| In Community: | Select Level | Select Level |

NEEDS ASSESSMENT

INDEPENDENT LIVING: Level of support needed to complete independent living tasks such as home care, budgeting, cooking, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|---------------|--|---------------------------------------|
| At Home: | Select Level | Select Level |
| At Work: | Select Level | Select Level |
| In Community: | Select Level | Select Level |

NEEDS ASSESSMENT

WORK: Level of support needed to obtain or maintain employment.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some assistance and/or verbal prompting

Significant. Total assistance to complete most tasks

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|-------------------------------------|---------------------------------|--------------------------------|
| Job development: | Select Level | Select Level |
| On-the-job support & supervision: | Select Level | Select Level |
| Job follow-up: | Select Level | Select Level |
| Transportation: | Select Level | Select Level |
| Supports related to being safe: | Select Level | Select Level |
| Accessibility issues/adaptations: | Select Level | Select Level |
| Communication: | Select Level | Select Level |
| Legal concerns: | Select Level | Select Level |
| Health/physical needs: | Select Level | Select Level |
| Personal care needs: | Select Level | Select Level |
| Psychological/emotional/behavioral: | Select Level | Select Level |

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RESPITE: Level of support needed to give breaks to caregivers in order to maintain living situation/placement.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No respite

Minimal. Occasional respite

Moderate. Consistent ongoing respite

Significant. Regular, frequent respite

Current Level of Support

Level of Support Needed

At Home:

Select Level

Select Level

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PARENTING: Level of support needed to provide training in parenting skills to help keep a child under 18 at home.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Regular intervention and support

Significant. Intense intervention and support

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|---------------|---------------------------------|--------------------------------|
| At Home: | Select Level | Select Level |
| In Community: | Select Level | Select Level |

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HEALTH CARE/MEDICAL/MOBILITY: Level of support needed in the following areas: taking medications; making and getting to medical/dental appointments; using special equipment such as a wheelchair, Hoyer lift, etc.; addressing chronic medical conditions such as diabetes, seizures, etc.; addressing special care procedures such as tube feedings, colostomy bag, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring or periodic support / Routine health care; stable conditions

Moderate. Ongoing assistance / Serious and/or multiple conditions

Significant. Total assistance / Substantial health issues

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|---|--|---------------------------------------|
| Taking medication: | Select Level | Select Level |
| Making medical/ dental appointments: | Select Level | Select Level |
| Getting to medical/ dental appointments: | Select Level | Select Level |
| Using specialized equipment such as wheelchair, Hoyer lift, etc.: | Select Level | Select Level |
| Chronic medical conditions such as diabetes, seizures, etc.: | Select Level | Select Level |
| Special care procedures such as tube feedings, colostomy bag, etc.: | Select Level | Select Level |
| Other: | Select Level | Select Level |

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SLEEPING: Level of support needed as a result of sleep disruption during the night.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No intervention

Minimal. Occasional assistance; monitoring of medium or short duration

Moderate. Frequent assistance; monitoring of extended duration on an episodic basis

Significant. Nightly assistance of long duration

Current Level of Support

Level of Support Needed

At Home:

Select Level

Select Level

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BEHAVIORAL/MENTAL HEALTH: Level of support/supervision needed throughout the day to manage emotions and/or behavior.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Periodic or ongoing intervention

Moderate. Planned support and skilled intervention and/or 24-hour support and/or monitoring

Significant. Extensive skilled intervention and/or 24-hour supervision in close proximity

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|---------------|--|---------------------------------------|
| At Home: | Select Level | Select Level |
| At Work: | Select Level | Select Level |
| In Community: | Select Level | Select Level |

NEEDS ASSESSMENT

CLINICAL: Level of support needed to meet therapeutic needs.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Infrequent intervention

Moderate. Ongoing intervention

Significant. Intervention more than once a week

| | <u>Current Level of Support</u> | <u>Level of Support Needed</u> |
|---------------------------|--|---------------------------------------|
| Psychotherapy: | Select Level | Select Level |
| Psychiatry: | Select Level | Select Level |
| Occupational Therapy: | Select Level | Select Level |
| Physical Therapy: | Select Level | Select Level |
| Speech Therapy: | Select Level | Select Level |
| Communication: | Select Level | Select Level |
| Behavior Consult/Support: | Select Level | Select Level |
| Offender Treatment: | Select Level | Select Level |
| Other: | Select Level | Select Level |

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Additional Comments: